Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Browns — County: Cecil

Date of death 1904 — Month: July — Day: 29 — Age — Years: — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Browns

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Chas B Browns — Father's Birthplace: Md

Mother's Maiden Name: Hall — Mother's Birthplace: "

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Still born — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: I. N. King MD

Address: Barstfor Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Samuel Goldsborough Bramble

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Solomons; County: Calvert.

Date of death 190 4: Month: July; Day: 27

Age: Yaars 26; Months 2; Days 28

Sex: Male; Color or Race: White; Birthplace: Dorchester Co. Md.

Married, Single or Widowed: Married; Occupation: Oysterman

Name of Wife or Husband: Celestia Bowers

Father's Nama: Jesse E. Bramble; Father's Birthplace: Dorchester Co. Md

Mother's Maiden Nama: Francis Ann Webb.; Mother's Birthplace: Dorchester Co. Md.

Name of person giving In formation: Jesse E. Bramble; How related to deceasad: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: ——

Immediate: Hemorrhage of lungs; How long: 15 minutes

Are the nama, age, sex, color, data and place correctly given above? Yes

Signature of Physician: W. S. T. Marsh

Address: Solomons, Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: James Buck

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Solomons; County: Calvert

Date of death: Month: July; Day: 6; 1904

Age: Years: 80; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Calvert Co

Occupation: Worn; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or Husband: —

Father's Name: George Buck; Father's Birthplace: Calvert Co

Mother's Maiden Name: Martha Batson; Mother's Birthplace: Calvert Co

Name of person giving Information: Henry Buck; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER.

Primary: Bright's Disease; How long: 8 months

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy F. Chambers

Address: Lusby, Calvert Co

~~Accident or Suicide?~~

LIBRARY BUREAU A83516

Name in Full: Billie Bucknaster

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Adlina — County: Calvert

Date of death: Month: July — Day: 6 — Years: Age 14 — Months: 9 — Days:

Sex: female — Color or Race: white — Birthplace: Calvert Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of ~~Wife or~~ Husband:

Father's Name: Wm H Buck — Father's Birthplace: Calvert Co

Mother's Maiden Name: Mary Cubick — Mother's Birthplace: Virginia Co

Name of person giving Information: parents — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Flatulent Colic — How long:

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. M. King M.D.

Address: Bristow Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Grace Elizabeth Buckmaster

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Barstow — County: Calvert

Date of death 1904 — Month: July — Day: 23 — Years: Age 10 — Months: mo — Days:

Sex: Female — Color or Race: White — Birthplace: Calvert Co

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: John Wm. Buckmaster — Father's Birthplace: Calvert Co

Mother's Maiden Name: Emma Moore — Mother's Birthplace: Calvert Co

Name of person giving information: James Buckmaster — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 3 days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. M. King M.D.

Address: Barstow Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Jas Frank Chambers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cove Point — County: Calvert

Date of death: Month: July — Day: 10 — Year: 1904 — Age: Years ___ Months ___ Days ___

Sex: Male — Color or Race: White — Birthplace: Calvert Co, Md

Occupation: Farmer — Where Residing if not at place of death: Richard E. Humphreys

Married, Single or Widowed: Single — Name of Wife or Husband: ___

Father's Name: James T. Chambers — Father's Birthplace: Calvert Co, Md

Mother's Maiden Name: Mary E. Giles — Mother's Birthplace: Kent Co, Md

Name of person giving Information: Richard E. Humphreys — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: about 3 yrs

Immediate: Hemorrhage — How long: 5 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. F. Chambers M.D.

Address: Lusby Md

Accident or Suicide? ___

LIBRARY BUREAU A88516

Name in Full: Maggie Ebb

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fraziers — County: Calvert

Date of death: Month: July — Day: 19 — 1904

Age: Years: 37 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Calvert Co

Occupation: none — Where Residing if not at place of death: At Fathers

Married, Single or Widow(er): Single — Name of Wife or Husband:

Father's Name: Frederick Ebb — Father's Birthplace: Calvert Co

Mother's Maiden Name: Elizabeth Brown — Mother's Birthplace: Calvert Co

Name of person giving Information: Frederick Ebb — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 11 Mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Gr F Chambers M D

Address: Lusby Calvert Co

~~Accident or Suicide?~~

LIBRARY BUREAU A88518

Name in Full: Not Married, Speight

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland; County: Garrett

Date of death 1900	Month	Day	Age: Years	Months	Days
	July	31	—	—	25

Sex: female

Color or Race: Colored

Birthplace: Md

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed:

Name of Wife or Husband: —

Father's Name: W. H. Speight

Father's Birthplace: Md

Mother's Maiden Name: Essie Bungay

Mother's Birthplace: "

Name of person giving Imformation: W. H. Speight

How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A6861a

Name in Full: George Wyley Kent

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Olivet — County: Calvert

Date of death: Month: July — Day: 17 — 1904

Age: Years: 35 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Calvert Co

Occupation: Oysterman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Ann Maria Lyles

Father's Name: Washington Kent — Father's Birthplace: Calvert Co

Mother's Maiden Name: Charity Gross — Mother's Birthplace: Calvert Co

Name of person giving Information: Washington Kent — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hip-Joint Disease — How long: 15 mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Chambers M.D

Address: Lusby Calvert Co

~~Accident or Suicide?~~

LIBRARY BUREAU A88016

Name in Full: Owings

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: So Marlboro — County: Calvert

Date of death: 1904 — Month: July — Day: 4 — Age: Years: — Months: 1 — Days:

Sex: Male — Color or Race: White — Birthplace: So. Marlboro

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Ernest Owings — Father's Birthplace: Calvert Co

Mother's Maiden Name: Birdie Younger — Mother's Birthplace: " "

Name of person giving information: Ernest Owings — How related to deceased: 53

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Transition — How long: 3 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Hellman

Address: So Marlboro, Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Mary [illegible] Wall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Calvert

Date of death 190[illegible] — Month: July — Day: 10 — Age — Years — Months — Days

Sex — Color or Race — Birth place

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Clinton Walton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Chesapeake Beach — County: Calvert

Date of death 190	Month	Day	Years	Months	Days
Age	July	6		8	

Sex: Male — Color or Race: White — Birthplace: Chesapeake Beach

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Charles P. Walton — Father's Birthplace: Va

Mother's Maiden Name: Effie Callenton — Mother's Birthplace: Md

Name of person giving information: James Hewitt — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsion — How long: Eighteen hours

Immediate: Coma — How long: Two hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship Md

Accident or Suicide?

LIBRARY BUREAU A88816